

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Walter H. Olson**TITLE: **Subcutaneous Implantable Cardioverter/Defibrillator**

16310 U.S. PTO



111903

**CERTIFICATE UNDER 37 CFR §1.10:** I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 331 793 060 US, on this 19<sup>th</sup> day of November, 2003.

Kathleen M. Altman

Printed Name

Signature

**MAIL STOP PATENT APPLICATION**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**☒ **Specification:****Total pages:** 38 (including claims and abstract: Spec. 28 sheets; Claims 9 sheets; Abstract 1☒ **Drawings:**Total sheets: 6☐ formal☒ informal☒ **Combined Declaration and Power of Attorney:**☒ Unexecuted☐ copy from prior application☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*☒ **Accompanying application parts:**☐ Notification of filing a☐ Assignment of the Invention to Medtronic, Inc.☐ Assignment cover sheet☐ Information Disclosure Statement☐ PTO Form 1449☐ Copies of IDS citations☐ Preliminary Amendment☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.☒ Return Postcard**IF A CONTINUING APPLICATION:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .☐ Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, now allowed.--☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least th original independent claim must be retained for filing purposes.)☐ The prior application is assigned of record to Medtronic, Inc.☐ The Power of Attorney in the prior application is to: \_\_\_\_.

17548 U.S. PTO  
10/717395  
111903

☒ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/428,400, filed November 22, 2002.

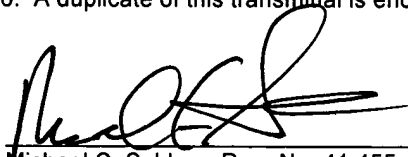
X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
No. 27,581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	27	20 =	7	x 18	\$ 126.00
Independent Claims	4	3 =	1	x 86	\$ 86.00
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
TOTAL					\$ 982.00

X Charge Deposit Account No. 13-2546 in the amount of \$982.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

November 19, 2003  
Date

  
\_\_\_\_\_  
Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
No. 27581